

5-16 →

DAG

Please type a plus sign inside this box →

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	08/977,846
		Filing Date	November 25, 1997
		First Named Inventor	John O. RYAN
		Group Art Unit	3626
		Examiner Name	T. Dixon
Total Number of Pages in This Submission	10 + 3 references	Attorney Docket Number	549222080101

RECEIVED
MAY 20 2003
GROUP 3600

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page) + duplicate copy for fee processing	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) (1 page)
<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Petition (2 pages)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Form PTO-1449 + copy (2 pages)
<input checked="" type="checkbox"/> Information Disclosure Statement (2 pages)	<input type="checkbox"/> Request for Refund	2. Three (3) cited references including two translations
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	3. Return Receipt Postcard
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	RECEIVED MAY 20 2003	

RECEIVED

MAY 20 2003

OFFICE OF PETITIONS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	MORRISON & FOERSTER LLP Norman R. Klivans - 33,003	 25226
Signature		
Date	May 14, 2003	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 333854685 US, in an envelope addressed to: MAIL STOP PETITION, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 14, 2003

Signature: 

(Anthony Soljanich)

RECEIVED

JUN 03 2003

OFFICE OF PETITIONS

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,800.00)

Complete if Known

Application Number	08/977,846
Filing Date	November 5, 1997
First Named Inventor	John O. [Signature]
Examiner Name	T. Dixon
Group Art Unit	3629
Attorney Docket No.	549222000101

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

Deposit Account Number **03-1952**

Deposit Account Name **Morrison & Foerster LLP**

The Commissioner is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$ 1,800.00)	

*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Norman R. Klivans	Registration No. (Attorney/Agent)	33,003	Telephone	(650) 813-5850
Signature	<i>Norman R. Klivans</i>			Date	May 14, 2003

RECEIVED

MAY 20 2003

OFFICE OF PETITIONS